754. Exhibit A Summary sheet (Form RF-3)

Change in company's premium or rate level produced by rate revision effective 5/1/05 new, 7/1/05 renewal

| | (1) | (2) Annual Premium | (3) Percent |
|-----------------|---|-------------------------------------|--|
| | <u>Coverage</u> | Volume (Illinois) | Change (+ or -)** |
| 1. | Automobile Liability Private Passenger Commercial | 4904997 | -1.5% |
| 2. | Automobile Physical Damage Private Passenger Commercial | 10821571 | 0.0 |
| 3. 4. 5. | Liability Other Than Auto Burglary and Theft Glass | | |
| 6. 7. | Fidelity Surety | | |
| 8. 9. 10. | Boiler and Machinery Fire Extended Coverage | | |
| 11. 12. | Inland Marine Homeowners | | |
| 13. 14. | | | - 1.100 · |
| | Other Life of Insurance | | |
| Doe No | s filing only apply to certain territory (territories) | or certain classes? If so, spec | ify: |
| | f description filing. (If filing follows rates of advisety of adjustments | sory organization, specify orgar | nization): |
| | | | |
| ** | Change in Company's premium level which w | rill result from application of nev | v rates. |
| | | | m Insurance Company Iame of Company |
| | | Denise Finn, Reg | |
| | | | OfficialTitle |

Form (RF-3)

SUMMARY SHEET

| | (1) <u>Coverage</u> | (2) Annual Premium <u>Volume (Illinois)*</u> | (3) Percent Change (+ or -)** |
|--------|---|---|---|
| 1. | Automobile Liability Private Passenger | \$2,058,650 | +0.10% |
| | Commercial | | |
| 2. | Automobile Physical Damage Private Passenger Commercial | \$1,874,209 | -9.62% |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |
| | Line of Insurance | | |
| Does t | filing only apply to certain territory (t | erritories) or certain classes? If so, specify | ·: |
| | sing base rates, various class factors, | s rates of an advisory organization, specify Anti-Theif devices, moving various counti | |
| | very system discount. | | · - · · · · · · · · · · · · · · · · · · |

Central Mutual Ins Co

Name of Company

(Mrs.) Petrise Meyer Sr Rates and Forms Analyst Official - Title

Form (RF-3)

SUMMARY SHEET

| (| Change in Company's premium or rate | level produced by rate revision effective | May 9, 2005 is -35.4% decrease in rate level. |
|--------|---|---|---|
| | (1) | (2) Annual Premium | (3) Percent |
| | Coverage | Volume (Illinois)* | Change (+ or -)** |
| 1. | Automobile Liability | | |
| | Private Passenger Commercial | \$8657 | -23.0% |
| 2. | Automobile Physical Damage | | · · · - · · |
| | Private Passenger Commercial | \$3756 | -64.1% |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | . <u> </u> | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |
| | Line of Insurance | | |
| Does f | filing only apply to certain territory (ter | rritories) or certain classes? If so, specify: | |
| This r | evision is a rate only change. No rule | rates of an advisory organization, specify of changes apply. The overall rate change is a lel Year, Base Rate, Driver Age Point Matri | 35.4% decrease and includes |

- * Adjusted to reflect all prior rate changes.
 ** Change in Company's premium level which will result from application of new rates.

| Charter | Indemnity Company | |
|---------|-------------------|--|
| | Name of Company | |

Pete Worth, IL Product Manager Official - Title

| Change in Company's premium or rate I | evel produced by rate revision effe | ective: August 1, 2005 |
|---|-------------------------------------|---------------------------------------|
| (1) | (2) | (3) |
| Coverage | Annual Premium Volume (Illinois)* | Percent Change (+ or -)** |
| . Automobile Liability | | |
| Private Passenger | \$ 8,312,334 | 10.3% |
| Commercial | | |
| . Automobile Physical Damage | | |
| Private Passenger | \$ 5,054,725 | 0.6% |
| Commercial | | |
| Liability Other Than Auto | | · · · · · · · · · · · · · · · · · · · |
| . Burglary and Theft | | |
| . Glass | | |
| . Fidelity | | |
| . Surety | | , |
| . Boiler and Machinery | · · · · · · · · · · · · · · · · · · | |
| . Fire | | |
|). Extended Coverage | | ~ |
| I. Inland Marine | | La William |
| 2. Homeowners | | |
| 3. Commercial Multi-Peril | | |
| 4. Crop Hail | | |
| 5. Other | | |
| Line of Insurance | | |
| nes filing only apply to certain territory rief description of filing. (If filing follows | s rates of an advisory organization | , specify organization): |
| Adjusted to reflect all prior rate chang | es. | |
| Change in Company's premium level | | f new rates. |
| | С | itizens Insurance Company of Illinois |
| | | Name of Company |
| | G | isa Read - Pricing Consultant |
| | _ | Official - Title |

Form (RF-3)

| | (1) | (2) Annual Premium | (3) Percent |
|-----------------|---|--|--------------------------|
| | Coverage | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. | Automobile Liability | | |
| | Private Passenger | \$824,838 | 13% |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | \$921,231 | 25% |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |
| | Line of Insurance | | |
| Does f Our f | iling only apply to certain territory (triling applies to all territories and cla | territories) or certain classes? If so, specify: | |
| | - | | |
| _ | | | |

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

Electric Insurance Company
Name of Company

Tom Kelley - State Filing Analyst
Official - Title

| Change in Company's premium or rate le | evel produced by rate revision effective _ | 7/1/2005 |
|---|---|-------------------------|
| (1) | (2) | (3) |
| (1) | Annual Premium | Percent |
| Coverage | Volume (Illinois)* | Change (+ or -)** |
| Goverage | <u>volume (minois)</u> | Change (+ or -) |
| 1. Automobile Liability | | |
| Private Passenger | \$99,744 | 17.7% |
| Commercial | | |
| Automobile Physical Damage | | |
| Private Passenger | \$102,349 | -12.7% |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| Burglary and Theft | | |
| 5. Glass | - | |
| 6. Fidelity | | |
| 7. Surety | | |
| · · · · · · · · · · · · · · · · · · · | | |
| Boiler and Machinery Fire | | |
| | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other | | |
| Line of Insurance | | |
| Does filing only apply to certain territory (| territories) or certain classes? If so, spec | ify: No |
| Brief description of filing. (If filing follows Rate Level, Rule and Form Re | rates of an advisory organization, specify | organization): |
| *Adjusted to reflect all prior rate changes **Change in Company's premium level w | hich will result from application of new rate | es. |
| | •• | |
| | | |
| | Emcasco Insur | |
| | Name of 6 | Company |
| | Don Coughennower - A | ssistant Vice President |
| | Official | - Title |

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| Change in Company's premium or rate | level produced by rate revision effective _ | 7/1/2005 |
|--|---|-------------------------------------|
| (1) | (2) | (3) |
| \'' / | Annual Premium | Percent |
| Coverage | Volume (Illinois)* | Change (+ or -)** |
| <u>5576.4395</u> | voidino (minoro) | <u>Silangs (* 5)</u> |
| 1. Automobile Liability | | |
| Private Passenger | \$207,640 | 19.3% |
| Commercial | | |
| Automobile Physical Damage | | |
| Private Passenger | \$176,941 | -11.0% |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other | - | |
| Line of Insurance | | |
| | v (territories) or certain classes? If so, spec | |
| Nate Level, Rule and Form F | KENISIOII | |
| *Adjusted to reflect all prior rate change **Change in Company's premium level | which will result from application of new ra Employers Mutual Name of | Casualty Company Company |
| | | Assistant Vice President I - Title |
| Dame 4 of 4 | Officia | 1 - 110 0 |

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ILLINOIS DEPARTMENT OF INSURANCE

Summary Sheet (Form RF-3)

Change in Company's premium or rate level produced by rate revision effective 05/15/05 for new business and 06/01/05 for renewals.

| (1) Coverage | | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|---|-------------|--|------------------------------------|
| Automobile Liability Pri- Passenger | vate | 5,879,038.00 | -1.3% |
| Commercial 2 Automobile Physical Da Private Passenger Commercial | amage | 1,956,391.00 | -1.3% |
| Liability Other Than Au | to . | | |
| Burglary and Theft | | | |
| 5. Glass | • | | |
| 6. Fidelity | • | | |
| 7. Surety | • | | |
| 8. Boiler and Machinery | • | | |
| 9. Fire | | | |
| 10.Extended Coverage | _ | | |
| 11.Inland Marine | | | |
| 12. Homeowners | - | | |
| 13.Commercial Multi-Peril | - | | |
| 14.Crop Hail | | | |
| 15.Other | | | |
| Life of Insurance | | | |
| Does filing only apply Classes? If so, | to certai | n territory (territories) or | certain |
| specify: | Yes, | 20, 22, 24, 32, 36, 54, a | nd 58. |
| | | | |
| Organization, specify | | ing follows rates of an a | - |
| organization): | | 1.) Increase in in | stallment fee 2.) Decrease |
| in premium for territor | ories indi | cated above 3.) Addition | nal payment plan options. |
| *Adjusted to reflect a | l prior rat | e changes | |
| | | | t from application of new |
| | | Founders Ins | urance Company |
| | | Na | me of Company |
| | | | Vice President |
| | | | Official – Title |

| Change in Company's premium or rate le | evel produced by rate revision effecti | ive 7/1/2005 |
|--|---|-------------------------------|
| (1) | (2) | (3) |
| () | Annual Premium | Percent |
| Coverage | Volume (Illinois)* | |
| Goverage | volume (minois) | <u>Change (+ or -)**</u> |
| Automobile Liability | | |
| Private Passenger | \$943,174 | 18.8% |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | \$904,713 | -11.6% |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| _ | | |
| Boiler and Machinery Fire | | |
| | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other | | |
| Line of Insurance | | |
| Does filing only apply to certain territory (| territories) or certain classes? If so, | specify: No |
| Brief description of filing. (If filing follows Rate Level, Rule and Form Re | rates of an advisory organization, sp | pecify organization): |
| | | |
| *Adjusted to reflect all prior rate changes **Change in Company's premium level w | | w rates. |
| | Illinois Emcas | sco Insurance Company |
| | | ne of Company |
| | | er - Assistant Vice President |
| Pogo 1 of 1 | Of | ficial - Title |

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Change in Company's premium or rate level produced by rate revision effective 10/31/2004_5/26/05

| | (1) <u>Coverage</u> | (2) Annual Premium <u>Volume (Illinois)*</u> | (3) Percent <u>Change (+ or -)**</u> |
|---------|---|--|--|
| 1. | Automobile Liability Private | | |
| _ | Passenger Gommereial | 9,854,525 | +1.9_ |
| 2. | Automobile Physical Damage | | |
| _ | Private Passenger Cemmercial | <u>8,190,719</u> | 3.9 |
| | Liability Other Than Auto | | |
| | Burglary and Theft | | |
| | Glass | | |
| | Fidelity | | |
| | Surety | | |
| o. 0 | Boiler and Machinery Fire | | |
| | | | |
| | Extended Coverage Inland Marine | | |
| | Homeowners | | |
| | Commercial Multi-Peril | | |
| | Crop Hail | | |
| | Other | | |
| 10. | Line of Insurance | | - |
| Doe | s filing only apply to certain territory (| territories) or certain classes? If so, specify | No |
| Brie | f description of filing. (If filing follows | rates of an advisory organization, specify or | ganization): |
| This | is a rate and rule revision and th | e Introduction of the GrandProtect Produ | ct for the Illinois Private Passenger |
| Auto | mobile Program | | et to allo minoto i mato i agocinger |
| | usted to reflect all prior rate changes, ange in Company's premium level w | hich will result from application of new rates | |
| | THE WARM | Metropolitan Casualty I Name of Company | nsurance Company |
| | | | |

| • | Change in Company's premium or rat | e level produced by rate revision effective | 6/105 New Business 8/1/05 Renewals |
|----------|---|---|---|
| | (1) | (2) | (3) |
| | <u>Coverage</u> | Annual Premium Volume (Illinois)* | Percent Change (+ or -)** |
| 1. | Automobile Liability Private Passenger | 4,619,818 | -1.72% |
| 2. | Commercial Automobile Physical Damage Private Passenger | | 0% |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. 5. | Burglary and Theft | | |
| 5. 6. | Glass Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | • | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Line of Insurance | | |
| Brief d | iling only apply to certain territory (te NO escription of filing. (If filing follows Sel Filing Letter ljusted to reflect all prior rate changes | rates of an advisory organization, specify or Downstate | ganization): |
| res | ange in Company's premium level what the same application of new rates. | | |
| H29219 | DD. | Name KEN VICE UND | of Company IT E. LANG PRESIDENT ERWRITING |
| | | Offic | rial - Title |

| | Change in Company's premium or rate | e level produced by rate revision effective | 6/1/05 New Business 8/1/05 Renewals |
|-------------|---|--|--|
| | (1) | • | |
| | (1) | (2) | (3) |
| | Coverage | Annual Premium Volume (Illinois)* | Percent Change (+ or -)** |
| 1. | Automobile Liability | | |
| • | Private Passenger | 30,797,193 | -1.06% |
| 2. | Commercial Automobile Physical Damage Private Passenger | 17, 679, 406 | 0% |
| | Commercial | 11,479,100 | <u> </u> |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. 7. | Fidelity Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | <u> </u> | |
| 13. | Commercial Multi-Peril | | |
| 14. 15. | Crop Hail Other | | |
| ıJ. | Line of Insurance | | |
| | No | rritories) or certain classes? If so, specify: | |
| Dilei | ~ | raies of an advisory organization, specify of | ganization): |
| <u> </u> | See Filing Letter | Metro | |
| ** (| Adjusted to reflect all prior rate changes Change in Company's premium level whe esult from application of new rates. | | |
| | | UNIVERSAL | CASUALTY CO. |
| | | Name | of Company |
| H29219D | | - VICE | NT E. LANG PRESIDENT PERWRITING |
| | | Offic | cial - Title |